

Docket No. 1747/55293-B-PCT-US/JPW/AJM/MVMIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Carlos Gorden-Cardo et al.Serial No. : 10/009,861Examiner: S. UngarFiled : December 10, 2001Group Art Unit: 1642For : MARKERS FOR PROSTATE CANCER

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 21, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	2 -	* 20 =	*** 0 X	\$25	\$50	= 0	
Independent Claims	1 -	** 17 =	*** 0 X	\$100	\$200	= 0	
Multiple Dependent Claim(s) Presented For First Time Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				\$180	\$360	= 0	
				TOTAL ADDITIONAL FEE \$ 0			

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Carlos Cordon-Cardo et al.

Serial No. : 10/009,861

Filed : December 10, 2001

Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 60.00

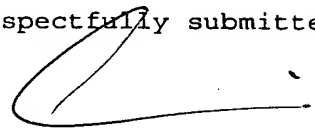
☒ A check in the amount of \$ 60.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
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Alexandria, VA 22313-1450.

Alan J. Morrison
Reg. No. 37,399

Date

4/21/06